

Kentucky Board of Medical Licensure Newsletter

Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222

Summer, 1999

Danny M. Clark, M.D., President

Reminder Notice - CME Requirement

This is the final year of the 3 year cycle (January 1, 1997 – December 31, 1999) to obtain your hours of Continuing Medical Education (CME) to meet the requirement in Kentucky. Board regulation 201 KAR 9:310 requires all physicians wishing to maintain their Kentucky medical/osteopathic license to have obtained 60 hours of CME for the cycle noted above. Thirty of these hours must be in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thirty hours may consist of non-supervised personal learning activities. Two of the total 60 hours must be acquired in a HIV/AIDS course approved by the Cabinet for Health Services.

You will be provided a Continuing Medical Education Certification Form for reporting your CME's along with your 2000 annual renewal form. The Board will randomly audit physicians who have certified that they have completed this requirement. In the event that you are audited you will be required to demonstrate satisfactory completion of the CME requirements stated. Documentation of CME acquired for the cycle January 1, 1997 – December 31, 1999 should be retained until December 31, 2002. Unless notified in writing by the Board that you have been selected for audit, please do not send documentation of your CME credits to the Board.

Domestic Violence Continuing Education

As reported in earlier KBML Newsletters, Kentucky law requires primary care physicians with active licensure status on 7/15/96 to complete a one-time, 3 hour approved course on domestic violence training before 7/1/99. Primary care as defined in KRS 164.925 includes those professionals practicing family/general practice, general pediatrics, general internal medicine, emergency medicine, general obstetrics and gynecology, and preventive medicine/public health. Any primary care physician licensed after 7/15/96 has 3 years from the date of initial licensure to earn the CME requirement. If you have already earned your domestic violence training requirement, be sure to retain your certificate. Compliance monitoring will begin shortly.

Institutions accredited to provide CME (i.e., hospitals, AHECs and medical schools) are authorized to designate CME credit for this course. For additional information you may contact the KMA at (502) 426-6200.

Appreciation

The Board would like to express its appreciation to those physicians who served as consultants to the Board for the past year. These physicians provide a valuable service to the Board and the people of the Commonwealth. Board consultants provide opinions regarding the care rendered by physicians who are the subject of investigations. These physicians review patient records and provide recommendations pertaining to compliance with standards of care. While these individuals receive only minimal compensation they perform an extremely valuable function for their profession. Since there are no medical doctors on the Board staff, physician consultants are utilized exclusively when medical opinions or judgments are required to determine if there is a potential violation of the Medical Practice Act. Again, a special thanks to these outstanding individuals.

Disciplinary Action Report

Joseph P. DiBeneditto, M.D., License #26150 Warren Co.

Agreed Order of Probation entered into 04-14-99 for 5 yr. period. Terms and conditions include completion of assessment program with copy of resulting report provided to Panel for approval and/or modification; physician must complete education courses or other requirements determined by Panel following review of assessment report.

H. Douglass Crall, M.D., License #27106 Oldham Co.

Agreed Order of Indefinite Restriction entered into 05-13-99. Terms and conditions include practice location restriction, use of chaperone and maintaining contractual relationship with IPP.

Dennis W. Enright, M.D., License #17320 Jefferson Co.

Order of Revocation issued 06-08-99; effective 07-24-99. Order issued following reconsideration of case, following reversal of the original Order of Revocation by Jefferson Circuit Court and remand to Inquiry/Hearing Panel.

Jay M. Korngold, M.D., License #IP379 Jefferson Co.

Agreed Order of Probation entered into 04-05-99. Physician issued institutional practice limited license. Terms and conditions include maintaining contractual relationship with Impaired Physicians Program (IPP), may not maintain DEA permit and may not reapply for same without Board approval, no prescribing/dispensing of controlled substances, subject to biological fluid testing, must continue therapy.

John H. Kuzman, M.D., License #19148 Kenton Co.

Agreed Order of Surrender entered into 04-14-99.

Sean M. Maguire, M.D., License #28821 Cincinnati, OH

Agreed Order of Surrender entered into 04-15-99.

Mumtaz I. Malik, M.D., License #22028 Hardin Co.

Agreed Order of Probation entered into 04-14-99 for 3 yr. period. Terms and conditions include providing Board with report from assessment program and following recommendations and suggestions therein, specific patient chart requirements, restricted from particular surgical procedures, maintenance of log of all surgical procedures performed.

Allen Oladinni, M.D., License #31696 Jefferson Co.

Amended Agreed Order of Indefinite Restriction entered into 04-06-99. Physician may not practice medicine in an emergency room setting.

Todd G. Prewitt, M.D., License #29747 Kenton Co.

Order Terminating Probation issued 04-06-99.

Abdul R. Tak, M.D., License #21223 Jefferson Co.

Agreed Order entered into 04-12-99. Physician may not read own EKG strips; must have third party evaluate and interpret such strips before taking any medical action based on them.

Charles L. Smith, D.O., License #02109

Johnson Co.

Order of Probation issued 06-08-99; license placed on probation for 5 yr. period. Terms and conditions include accurate and honest reporting of information, accurate records, no excessive fees, no procedures that are not medically and specifically required, subject to chart reviews, fine assessed.

KBML Ranking Among Other State Boards

Based on statistics compiled by the Public Citizens' Health Research Group, a health care consumer advocate group in Washington, D.C., the Board remains one of the more active disciplinary boards in the country. In 1998 Kentucky ranked fourteenth in serious disciplinary actions taken. The Board is committed to the public to take appropriate disciplinary action in a timely manner when violations of the Medical Practice Act occur.

Proper Prescription Writing

The Drug Control Branch of the Cabinet for Health Services has requested the Board to provide the following information on proper prescription writing.

Signature

- ◆ A prescription blank may **not** be pre-signed. It must be signed at the time it is issued to the patient.
- ◆ Signature must be manual. A signature stamp is **not valid** for a controlled substance but may be used for non-controlled substances.
- ◆ A **written** prescription must be signed by the practitioner who authorized it. This person must have prescriptive authority under their professional licensing law. (e.g. physician is authorized by the Medical Practice Act to write a prescription for any drug; nurse practitioner is authorized by Nurse Practice Act to write a prescription **only** for a non-controlled substance)

Telephone Prescriptions

- ◆ A practitioner who is licensed to write a prescription must authorize an oral/telephone prescription. (Thus, a nurse practitioner, physician assistant or other office personnel may not authorize a telephone prescription for a controlled substance.)

Pre-printed Prescriptions

- ◆ If the drug is a controlled substance, a pre-printed prescription is not valid. A prescription must be prepared at the time it is issued to a patient. A computer may print a drug name or the drug name may be typed or rubber-stamped, **if it occurs concurrently with issuance to a patient**
 - ◆ Drug companies may not provide prescription blanks with the name of the drug already printed on the prescription. If a drug company provides a stamping device with the name of the drug and directions for use, it may be used only at the time the prescription is being prepared for a specific patient.
 - ◆ Please be aware that the use of a stamp may cause a pharmacist to question the validity of the prescription.
 - ◆ If you have questions about writing prescriptions, contact Drug Control at (502) 564-7985 or fax (502) 564-2203.
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Off-Label Drug Use Review Task Force

The following information is being provided at the request of the Kentucky Department of Insurance.

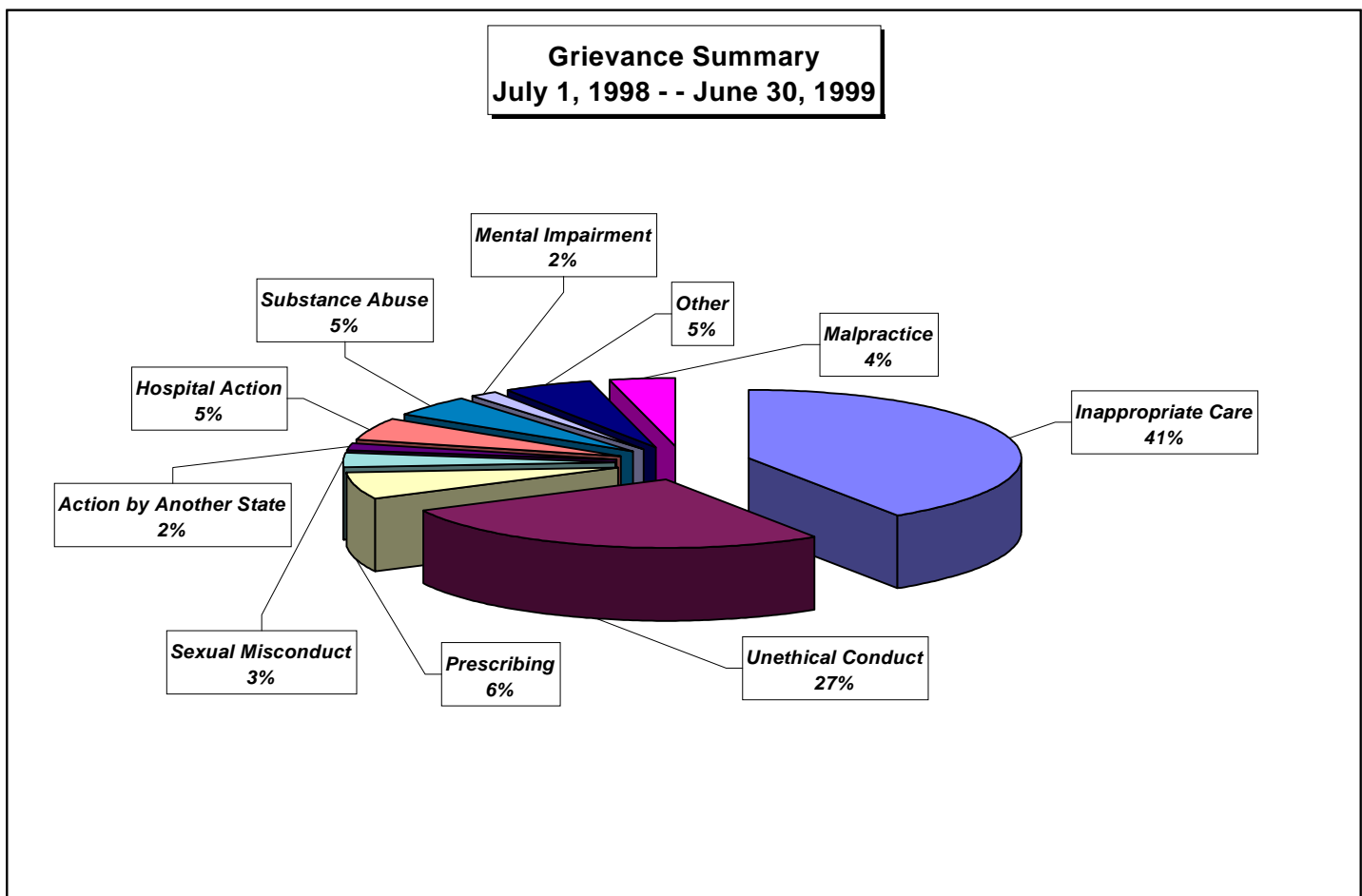
It has been brought to the attention of the Department of Insurance that many healthcare providers in this state are unaware of the provisions of House Bill (HB) 618, enacted by the General Assembly in the spring of 1998. This bill directed the Commissioner of Insurance to establish a panel of five (5) medical experts, including three (3) oncologists and two (2) physicians, to review off-label uses of cancer drugs not included in any official compendia or in the medical literature. The panel, known as the Off-Label Drug Use Review Task Force, was appointed by Commissioner George Nichols III in the fall of 1998, and is currently involved in the development of a process for making recommendations to the Commissioner from time to time and whenever there is a dispute about payment for the off-label drug use. HB 618 also authorized the Commissioner to direct any person or agency which issues an insurance policy in this state to make payment for an off-label cancer drug as recommended by the task force, as well as any medically necessary service(s) associated with the administration of the drug. Meetings of the task force are publicized and open to the public. If you have questions relating to the provisions of HB 618 or this task force, you may contact the Kentucky Department of Insurance, Division of Health Insurance Policy and Managed Care at 502-564-6088.

Interactive Voice Response System

The Board now has an Interactive Voice Response (IVR) system to better serve you. The IVR has several features, such as the ability of providing a limitless number of voice or faxed physician, physician assistant and athletic trainer verifications. The individual's name is included in the voice verification. There is also a fax on demand system that will allow you to have frequently requested documents sent to a fax machine of your choice. The IVR system is accessed through a 900 number (900) 555-6500. You must have a touch-tone phone and the individual's 5-digit Kentucky physician license number or 5-digit certification number for the status of a physician assistant or athletic trainer. The charge for the 900 call is \$2.95 for the first minute and 50 cents for each additional minute.

Types of Grievances

The chart below depicts the types of grievances received in the Board's office against physicians practicing in the state. During the past year 176 grievances were filed.



Report Your Change of Address

KRS 311.586 requires you to immediately notify the Board when you change office mailing addresses. Please note office mailing addresses provided to the Board must be street addresses, and post office box addresses will no longer be acceptable. If you fail to file notification with this office, you may not receive important correspondence, including your annual renewal mailings and wallet card. ***If your practice address is different than the address on this newsletter, please use the form provided below to indicate your practice address and return to the Board.*** In the future, your practice address will be used in the Kentucky Medical Directory.

Kentucky Board of Medical Licensure Change of Address Notice (Please Print or Type Information)

Date: _____ KY License Number: _____

Name: _____
(last) (first) (middle)

Mailing Address:

Street: _____

City, State & Zip: _____

Office Telephone: () _____

E-Mail Address: _____

Practice Address If Different From Mailing Address:

Street: _____

City, State & Zip: _____

KY Practice County: _____

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Louisville, KY 40222

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